

2018 CDC U.S.TB Elimination Champions Project

I. Criteria and Nomination Requirements

The CDC U.S. TB Elimination Champions recognizes organizations and individuals who have made meaningful contributions to end TB in their communities. CDC and TB control programs work to end TB in the United States, but clinicians, health care agencies, and community organizations have a critical role to play as well. In keeping with this year's World TB Day theme "Wanted: Leaders for a TB Free United States", we are seeking nominations for organizations or individuals who are leading the effort to collaborate with public health, health care providers and/or community organizations. Nominations should be submitted as follows:

- Completed Nomination Form, including nominee and nominator information, and answers to the following questions **(150 words per response)**:
 1. Describe the nominee's activities and efforts to collaborate with public health, health care providers, and community organizations.
 2. What impact have these efforts made in the community?
 3. What can others learn from this success story?
- Supporting documents, if available (e.g., sample educational materials developed by nominee, photos).

Note: If the activity was a group effort, please indicate the project lead or spokesperson on the nomination form. Include the names of additional persons involved with the project in the project description.

II. Nomination Submission Process

Submit completed nomination form and additional materials to Sloane Bowman at wnv2@cdc.gov by **February 16, 2018**. If you have any questions, please contact Sloane at wnv2@cdc.gov or (404) 718-5487.

Nomination Package Checklist:

____ Nomination Form

____ Supporting Documents/Photos

**Centers for Disease Control and Prevention 2018 U.S. TB Elimination Champion Challenge
Nomination Form**

I. Nominee Information

Name: _____

Employer: _____

Title: _____

Address: _____

E-Mail Address: _____

Phone Number: _____

II. Nominator Information (Those who are self-nominating do not need to complete this section.)

Name: _____

Employer: _____

Title: _____

Address: _____

E-Mail Address: _____

Phone Number: _____

1. Describe the nominee's activities and efforts to collaborate with public health, health care providers, and community organizations. **(150 word limit)**

2. What impact have these efforts made in the community? **(150 word limit)**

3. What can others learn from this success story? **(150 word limit)**

Submit completed nomination form and additional materials to Sloane Bowman at wnv2@cdc.gov by **February 16, 2018**. If you have any questions, please contact Sloane at wnv2@cdc.gov or (404) 718-5487.